

ness, who employ assistants to do their club and union practice. By the former, the *respectable* club patient is hailed as likely to bring the more profitable accession of his family connexions; by the latter, the question of profit or loss is swamped in the generalities of a large income. To the established practitioner, with but a small or moderate practice, this question of profit and loss is a very different matter; to him, every private patient, who can pay his accounts, is a matter of consequence and calculation, and his withdrawal into the club ranks is a loss to be felt. Yet how difficult is the position of the medical man! If he resists what he knows and feels is an imposition and a wrong, he almost certainly risks the loss, not only of the one patient, but of the family. Need we feel surprised that, making up his mind that the first loss is the least, he succumbs to the force of circumstances, and certifies his *respectable* patient as a fit member for semi-gratuitous attendance?

We cannot blame poor men who act thus—men who feel they cannot afford to lose even an inch of ground in the battle of life; but we do blame the indifferent or aggrandising spirit of the independent men—the men of large practices and visiting assistants—who might rectify the evil, who might, without hurt to themselves, or rather to those dependent upon them, take an independent course, but who prefer permitting, and even aiding, the victimisation of their less fortunately placed brethren. To those who are in easy circumstances we appeal for co-operation in our attempts to remedy an evil which, though it may not affect their pecuniary interests, does affect their position as medical men, and originates calamities which press with severity upon others. Charity begins at home. Every medical practitioner, be his position what it may, is bound to see that, in exercising his vocation for the good of the public, he inflict not injury upon his own profession. Is it not the abuse of gratuitous advice, and of semi-gratuitous advice, which renders our Benevolent Fund and our Benevolent College so necessary?

WHERE OUGHT I TO INSURE MY LIFE?

WHERE ought I to insure my life? is a question which is daily addressed to medical men by some of their patients; and we fear that, too often, an answer is inconsiderately given. It does not follow that, because an insurance company promises to remunerate the medical profession, it is a safe and respectable concern; and as some seem to act as if this were the case, we think it our duty to caution our readers against too easily lending their names and influence to new and plausible speculations.

In our number for the 9th current, we inserted a letter from Mr. Henry Terry, jun., of Northampton, regarding a society which we find has been extensively advertised, especially in the provincial newspapers, under the name of the "New Economic Life Assurance and Loan Association". The advertisements represent the following gentlemen as trustees: Matthew Faber, Esq.; Alexander Peter Fletcher, Esq.; Ambrose Lockett, Esq.; William Pincher, Esq. We have made diligent inquiry among our City friends; and we find that these trustees are wholly unknown in the commercial world. As their addresses are not given in the prospectuses and advertisements of the company, we much fear that their standing as monied men is no better

than that of the directors of a more celebrated undertaking—the Glen Mutchkin Railway. If we are speaking wrongfully of these gentlemen, they have themselves only to blame; inasmuch as "William Deacon", their Secretary, who signs their prospectuses "by order of the board", has evaporated from the offices, 12, Took's Court, Chancery Lane, and has left neither man, woman, boy, nor placard behind, to tell of his own habit or of that of the trustees. The affair is, or is not, a swindle; and we call upon Mr. Deacon and his friends to come forth from their hiding places, to gratify our curiosity on this subject.

It is not Mr. Terry's patient alone who has suffered; we are in possession of other cases of the same description. Mr. John Salusbury, of Conway, North Wales, informs us of a friend of his, who was treated exactly in the same way. The lady, who lives near Conway, in reply to inquiries which she instituted in London regarding the company, received the following reply:—

"Red Lion Square, Aug. 27th, 1853.

"MADAM,—By Mr. ——'s direction, I have made inquiries in Took's Court respecting the New Economic Life Assurance Company, and regret to inform you that it is a complete swindle. The parties left there last Monday, without paying the rent of the room occupied by them as offices: since which time many applications have been made by parties, who, like yourself, have been duped; but at present nothing has been heard as to where they have gone to.

"I am, Madam, your obedient servant,

"H. E. HINGTON."

There are other insurance companies, regarding which we may yet be obliged to make some remarks. But in the meantime we forbear, in the hope that, during the next session of Parliament, an Insurance Company Registration Act will be passed, which will effectually keep sharpers out of the field. At present we would say, that when a medical man recommends an office, he ought to feel morally certain of its solvency and respectability; and he ought to bear in mind that some of the new companies are most hazardous ventures.

ORIGINAL COMMUNICATIONS.

ON FEMALE STERILITY, WITH SOME PRACTICAL SUGGESTIONS FOR ITS REMOVAL.

By WILLIAM BAYES, M.D., one of the Physicians to the Brighton Dispensary.

It is interesting in the outset of our inquiry to glance at the laws which appear to govern the increase of the human race. Viewed as a whole, the population of the world appears rapidly on the increase. There is no fear of depopulation from any natural causes with which we are at present acquainted. But a marked difference in the ratio of increase appears, if we contrast particular countries and separate races of men.

The increase is most apparent in the temperate regions, from this cause, that the average duration of life is longer than in those regions where extremes of heat or cold predominate.

In newly discovered, yet fruitful countries, human fertility is very great; it is less where population is dense, and

where civilisation has reached a high pitch. Again, human fertility is great among a well fed and well clothed labouring population. It is less among the idle and luxurious.

These two examples, however, are in reality identical, since in all newly discovered, sparsely populated countries, the inhabitants necessarily belong to the labouring class, and to the most healthful of that class, viz., the agricultural. And lastly, fecundity is great among new nations composed of various elements and of a mixed population, while it is much less in the older nations, especially where, from natural or artificial restrictions, they are much confined within their own limits, and remain almost unmixed.

But our inquiry does not relate to the fertility or sterility of nations; at present there is more fear, in Europe at least, of over population, than of the reverse; and even if that were not the case, it would more properly belong to the province of the political economist than of the physician. It is with individual cases we have to deal, where it occasionally happens that the greatest grief and distress are consequent upon sterility; and it is with a view of inquiring how far the causes of this sterility are removable by medical interference, that I have penned these few lines.

Descending, then, from communities to individuals, we shall find that where both the man and the woman show fine physical development, and are possessed of a sanguine temperament (which must be looked upon as the true index of perfect health and vigour), their families, *ceteris paribus*, will be both numerous and healthy. And further pursuing our inquiry, we shall find that the woman who has a broad well shaped pelvis, and a good bust, together with fine muscular development, and a rounded contour, will bear the largest number of children.* In other words we would say, that where the body is finely formed, where every part is well expanded, where the mind possesses a happy and quiet disposition, where an equable balance is preserved between the animal and mental powers, there will be force, regularity, and rhythm of every action, and in the performance of every function, and there will exist the most happy state for fertilisation. Whatever detracts from this state of body in either the male or female, must be considered as antagonistic to fertility, and as tending to sterility. This faulty organisation is far more frequently to be found in the female than in the male sex.

The artificial life led by the luxurious and highly civilized among the upper classes tends to a loss of balance between the animal and mental powers; it tends to exaltation of the functions of the sensory and depression of those of the motor tracts of the nervous system (bodily), and to a preponderance of the sensations, feelings, and passions, over the reasoning powers (mentally).

Thus, in place of expansion, we find contraction of the frame, flattened chests, curved spines, and narrow or distorted pelvis. We find a loss of balance in the muscular power. Its contractions are partial, spasmodic, and intermittent, in place of rhythmical and tonic. Or, on the other hand, a general relaxation of the fibre occurs, allowing engorgement of the lymphatics, as in the scrofulous. And these same states of body have their psychical analogues in the alternate excitability and listlessness of the mental efforts.

Faults in the organisation, such as these, are of course most readily combated and corrected during youth; yet even in riper years it is astonishing to find how much the general development may be expanded by perseverance in judicious measures.

Proceeding in our subject to the more immediate causes of sterility in the female, which are likely to be benefited by medical interference, we should divide them into three classes.

- I. Mechanical;
- II. Functional; and
- III. Moral.

* Narrowness and contraction of the pelvis is the sign of a worn out race, both in man and in woman.

I. MECHANICAL CAUSES. With regard to the first, I shall not here speak at length, since it must be obvious that where a mechanical obstacle exists, it must be removed before impregnation can occur.

The most frequent obstacles are uterine displacements, prolapsus, retroversion, anteversion, etc., and a narrowness in the passage through the os and cervix, sometimes almost amounting to stricture. Also, occasionally imperforate hymen and a contracted state of the vagina, allowing of only partial connexion. So far as my own experience goes, uterine displacements are of increasing frequency. In the majority of cases, sterility, arising from these causes, is capable of cure, if advice be sought early, and the cause be discovered.

II. FUNCTIONAL CAUSES may be subdivided into—

- A. An irritable state of the uterus, constantly tending to produce clonic spasm, and causing dysmenorrhœa.
- B. The atonic state, which is usually accompanied by leucorrhœa.

Whether the dysmenorrhœa arises from an unnaturally acid state of the menstrual fluid causing irritability of the uterus, or whether the womb itself is at fault from hypersensibility, from ulceration of the os, or from its passage being preternaturally contracted, we cannot look for impregnation, until this morbidly irritable state of the organ is subdued. If the quality of the blood be hyperæmic or anæmic, we must correct it. If local irritability be present, we must search for its cause, and subdue it.

In some cases, this is not a matter of much difficulty. It often depends in the newly married on local excitement, and will give way readily on the temporary suspension of intercourse. In other cases, as where ulceration of the os uteri exists, it may be more or less difficult of removal. But there are other cases, where, in spite of all the means at present in general use, dysmenorrhœa still continues; and although during the intervals the health may apparently be perfect, no sooner does the time approach, than the warning pains are felt, and hours or days of pain and illness must be again endured.

Where this is the case in young females, it sometimes happens, if they marry early in life, that they soon become pregnant; and if they escape miscarriage, their subsequent menstrual periods recur, after weaning the infant, with little or no pain. But although this occasionally happens, such a happy termination is by no means frequent, especially when the dysmenorrhœa has been of long standing, and where the female marries later in life. In these it would appear as though the habit of body were too strongly grafted upon the system to be easily checked; so that although a few days, or even a few weeks, beyond the usual period, may occasionally elapse, and hopes be thus excited, yet the uterus is still so irritable, that it will not tolerate even the slightest distension, and the discharge returns with twofold violence, adding another and recurring cause of sterility in the frequent disappointments hence ensuing.

If we assume, as a physiological fact, that each menstrual period is analogous to the "heat" of animals (and this is the most recent view), and that each catamenial discharge is accompanied by the expulsion of an ovum, which having become matured, has failed to be fertilised, and is thus cast out of the body; we must then suppose that the most fortunate period for impregnation is the moment when the ovum is ready to drop from the ovarium; just as the most fortunate moment to prepare the ground round a tree for the reception of its seed is at the very moment when the ripe fruit is ready to fall. But in the functional derangement, now under our consideration, the difficulty lies in this, that the uterus is so irritable that its tendency is, not to retain but to expel.

Our inquiry here will be, Can this expulsive action be reversed? I do not hesitate to say that in very many cases it can. And the consideration of the means I would suggest leads us to some very interesting points for investigation.

In severe cases of dysmenorrhœa, the pain is not only to be found in the lumbar, sacral, pubic, and iliac regions, but extends down the inner part of the thighs, and often in the mammæ.

In some cases of amenorrhœa, a vicarious discharge has flowed from the breasts.

The great and marvellous sympathy between the mammæ and uterus is well known to every practical physician. As a means of arresting uterine hæmorrhage after labour, the application of the infant to the breast has long been known and acted on. Here appears the most powerful example of the direct sympathy of distant organs, and of the diversion of the circulating fluid from one portion of the body to another. In a less striking form the same occurs during lactation, the menstrual flow being suspended during suckling. In other words, the uterus remains quiescent when the mammæ are in a state of activity.

It is needless to enlarge on points so well known to practical observers: enough has been said to illustrate my meaning. I would suggest whether the consideration of these facts does not point out to us an easy and safe channel, through which not only to alleviate the pains of those who suffer from dysmenorrhœa, but also show us a means by which the womb may be made to pause, and its morbid irritability be moderated sufficiently to allow of successful impregnation.

Dr. Marshall Hall has proposed that a strong infant should be applied to the breast with this double view: but it seems to me that, apart from the inconveniences and practical difficulties attending such a course, there are other means which would prove even more serviceable. My own suggestions would be, that fomentations of warm milk should be used to the breasts a day or two before the expected period; that a breast pump should be gently applied at the same time for a quarter of an hour, two or three times during the day; that the space from the last cervical to the eighth or tenth dorsal vertebræ, for some inches on either side of the spine, should be kept warm with hot flannels; and that the apartment should be kept warm and well ventilated. These means should be continued until the period has fully arrived. If the menstrual flow then appears, the warmth thus applied need not interfere with other means, supposing the pain to be severe. If intercourse shall have taken place and conception have followed, I should suggest the continuance of the fomentations until the period over which the catamenia usually extend shall have passed. Presuming, as is most likely to happen, that the first application of these means fails in immediately inducing conception, it will still have made a step towards it by lessening the irritability of the uterus. During the interval between the catamenial periods, I should now suggest a temporary absence from home; and that abundant exercise, a full exposure to the open air, freedom from mental occupation, and every measure tending to produce muscular strength should be adopted, while intercourse should be avoided until a few days previously to the next period, when a recurrence of the same means should ensue. The development of the mammæ should also be favoured by carefully protecting them from cold, and by occasional friction with a soft hand and a little warmed oil or milk.*

Sterility may ensue from general hyperæmia or anæmia, and it is often strange to notice how immediately fertile the uterine system becomes, after the removal of these adverse states. The former is not unfrequently met with in the upper classes of society, where food of the most nutritious and rich kind is abundantly partaken of, and where wines are freely taken, whilst the amount of exercise and exposure to vicissitudes of temperature is extremely small. In these cases, the uterine loss offers a safeguard to the general health, and profuse menstruation becomes a habit needful

to the preservation of life. Fertilisation, here, can only take place when a simpler diet is substituted, and muscular exertion to some extent persevered in, so that the uterus is allowed to return to its simpler and more natural duties. An anæmic condition, sometimes accompanied by amenorrhœa, generally with deficient and painful menstruation, and not unfrequently with profuse leucorrhœa, is also one of the causes of sterility. Iron and generous living here suggest themselves, but especially out door exercise, as much as can be borne. The cold douche to the lumbar region is among the most powerful of the tonic means at our disposal. Cases of this kind very frequently present themselves to our notice, in which we see conception occur almost immediately on the removal of this condition.

III. MORAL CAUSES. Before concluding we must glance, though cursorily, at the moral causes. Some pernicious habits in which the young occasionally indulge, often in ignorance of the evil consequences they are certain to entail, lead to sterility, through their debilitating effects upon the constitution. These and their remedies need not here be entered upon. But there are other moral causes which are apt to be overlooked, and which are connected with modern education and civilisation, which tend to induce a passive and enervated condition of body in our females, very adverse to the free development of the frame. These act indirectly by lowering the standard of the general health, and thus tend to produce the evils just mentioned. The whole education of an accomplished girl tends to a repression of the natural feelings, and teaches her to hide every expression of her natural impulses, by word or look. Hence, all instinct becomes blunted and suppressed, and she even gets to look upon that which is legitimate as something immodest and indelicate. This retiring and shrinking bashfulness is not consonant with conception. The lower classes of society, less refined in their feelings, unaccustomed to their suppression, meet the advances from which the other retires, and thus become easily fertilised. But it is otherwise with the highly civilised and, so to say, etherealised child of art; and nature here abandons in her turn her who has despised and thwarted her lessons and her hints.

Marine Square, Brighton, Sept. 1853.

[We conceive that there is either dangerous error or much ambiguity in the concluding paragraph of this interesting paper. As the physician seeks his examples of female fertility and health among rustic home-bred women, and not among the "accomplished girls" of fashionable life, so does the poet and the man associate the beauty of a blush with untutored simplicity, and not with the perfection of an accomplishment. We cannot, therefore, avoid stating our conviction, that it is an error both in morals and in hygienics, to regard "shrinking bashfulness" as, under any circumstances, a cause of sterility; and that it is equally incorrect to regard *genuine* "shrinking bashfulness"—the most charming attribute of woman—as the real or generally alleged characteristic of "the etherealised child of art".—EDITOR.]

CANCER OF THE SIGMOID FLEXURE OF THE COLON AND FIRST PART OF THE RECTUM: DEATH FROM PERFORATION.

By C. E. REEVES, B.A., M.D., etc.

CASE. M., aged 78, tall and still somewhat muscular, with dark eyes and grey hair, had been treated by a practitioner for piles and indigestion for some months. The history of his case, as near as it could be obtained, from his being deaf and the fatigue which talking produced, was, that during the last eight months he had gradually lost flesh and strength; his bowels, always constipated, had become more so, never acting without powerful purgatives. Four months ago he first experienced tenesmus: this had gone on increasing in

* In the application of the fomentations, Markwick's spongio-piline offers a very useful material; and if a circular piece be perforated at its centre with a hole for the nipple, and a V shaped portion be cut from the circle, it can be made to fit the breast perfectly.